



Michigan Association of Health Plans

Testimony in Support of HB 4369 Senate Health Policy Committee October 6, 2011

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Good Afternoon Chairman Marleau and members of the committee. I am Christine Shearer, Director of Legislation of the Michigan Association of Health Plans.

MAHP represents 17 health plans caring for more than 2.8 million Michigan residents enrolled in Medicare, Commercial and Medicaid product lines.

I am here today to testify in support of HB 4369 as amended, which would enable all carriers providing service in Michigan access to the Michigan Automated Prescription System, MAPS. The amendment from the original version was requested by the Department of Licensing and Regulatory Affairs (LARA), and agreed to by MAHP. This amendment will require annual reporting to LARA on the number of inquiries and the benefits to the enrollees as a result. In addition, this access will be at the discretion of the DCH Director, and sunsets in 2015.

The mission of the members of MAHP is to improve the health status of their enrollees by providing quality, accessible and cost-effective health services. Opportunities for improved health are achieved through collaboration with our members, purchasers, providers, and community partners.

HB 4369 would allow the Medical Directors (licensed physicians) access to (MAPS) for the sole purpose of ensuring the safety of Health Plan enrollees and to meet the increasing fraud waste and abuse requirements including those from CMS and DCH.

Currently, only dispensing prescribers, pharmacists, veterinarians, and police have access to the MAPS system for their legitimate

business purposes. MAPS currently allows these selected professionals to identify patients who may be "doctor shopping", a popular practice where patients visit several different physicians asking for the same drug. They don't inform the primary prescribing physician that they received the same medication (usually a narcotic analgesic) from a different physician only days before. Some patients sell the medication, others are addicted.

The members of the Michigan Association of Health Plans understand the need to maintain confidentiality and they remain fully compliant with various HIPAA requirements, including maintaining business agreements with providers and other organizations to assure protection of personal information. Further, under federal regulations, (45 CFR 160.103), health plans are included in the definition of covered entity and are permitted access to protected information (45 CFR 160.502). Finally, all of our member plans are NCQA accredited and are required to provide additional compliance with regards to patient privacy.

Thank you for the opportunity to testify. We would be happy to answer any questions members may have.

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Prescription drug deaths soar in Michigan

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BY PATRICIA ANSTETT
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Michigan, like the nation, is experiencing a troubling increase in prescription drug abuse -- medicines for pain, hyperactivity and anxiety are triggering a rise in emergency hospital visits, overdose deaths and treatment for addiction.

In Michigan, more residents now die from prescription drug abuse than from heroin and cocaine combined, a federal registry shows. In 2009, the latest year data are available, 457 Michiganders died of overdoses from one or more prescription drugs, up from 409 deaths the year before.

"We're seeing an alarming trend that continues to increase," said Larry Scott, manager of the prevention section of Michigan's Bureau of Substance Abuse and Addiction.

Health officials and others say the drugs are easier to get now, and the rise mirrors

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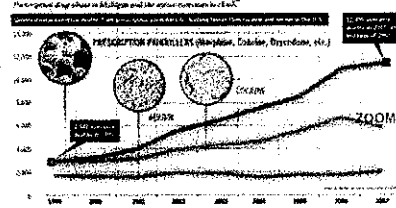


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A closer look at the problem



Most commonly abused prescription drugs

Painkillers

- The generic name is Oxycodone. Brand names include OxyContin, and Percocet
- The generic name is morphine. Brand names include Kadian and Avinza.

Antianxiety

- Brand names include Valium and Xanax.

Stimulants for sleep problems, weight loss and obesity

- Brand names include Ritalin, Adderall, Concerta and Dexedrine.

What to do for a drug overdose

- Call 911 or the Poison Control Center, 800-222-1222. Trained operators provide help.
- Determine whether breathing appears shallow or compromised. A person should have 16-24 breaths a minute. Check to see whether lips have a blue tinge around the edges.
- Don't stay alone or leave someone else alone who has overdosed.
- Don't expect sleep to help; caffeine and cold showers

Drug disposal tips

Take precautions if you have controlled prescription drugs. Here's how to dispose of them:



OxyContin



Valium



Ritalin

■ Find a drug take-back program. The U.S. Drug Enforcement Agency has periodic programs to turn in prescription drugs. Or, ask your city or county program if it has a program.

■ Mix drugs with an undesirable product such as cat litter or coffee grounds and place in a sealable bag or container with a lid. Remove all information and place in the trash. Never flush the drugs down the toilet unless the label says it's OK.

ZOOM

Michigan 2009: All drug abuse

Division of emergency department (ED) visits involving adverse drug reactions to all drugs, by gender and age.

Demographic characteristics	Estimated number of ED visits	Percentage of ED visits	Rate of ED visits per 100,000 population
Total ED visits	51,154	300.0%	1,102.4
Male	28,025	54.8%	637.1
Female	23,129	45.2%	565.3
Age 0 to 11	3,304	6.5%	109.5
Age 12 to 17	11,104	21.7%	255.7
Age 18 to 24	15,541	30.4%	368.1
Age 25 to 34	9,345	18.3%	219.5
Age 35 to 44	8,025	15.7%	182.9
Age 45 to 54	7,442	14.5%	170.5
Age 55 to 64	7,227	14.1%	167.6
Age 65 or older	17,001	33.2%	380.6

ZOOM

rocketing rates of prescriptions written by doctors and dentists.

Nearly one in four seeking emergency care in Michigan for the abuse was younger than 25, particularly alarming because prescription drugs are a gateway to heroin and are being mixed by teens and young adults in potentially lethal combinations to get a more intense high, substance abuse experts say.

Parents, friends and doctors can be source of drugs to be abused

Kayla Westerman's entry into the world of drugs started at 13 with the painkiller Vicodin. She got it from a friend.

Others raid parents' and grandparents' medicine cabinets for unused pills, or they trade or sell narcotics prescribed by dentists and doctors.

By high school, Westerman added OxyContin, another prescription painkiller, and her habit grew so costly, she switched to the cheaper street drug heroin at age 15.

The street price for OxyContin ranges from \$10 for a 10-milligram pill to \$35-\$80 for an 80-milligram pill.

Two years later, high on heroin, the teen from Pinckney tried to steal items from a Kohl's department store but was caught and jailed, her first of three sentences for retail fraud. She recently completed a 37-day jail sentence and said she has turned her life around. She credits a Livingston County program that uses drug-diversion money to counsel jail inmates.

"Young kids are dying," she said. "It's not a joke anymore."

Westerman's story mirrors many tales in America's prescription drug epidemic, a problem growing nationwide and particularly prevalent among younger people, according to federal statistics.

More people in Michigan are now dying each year from prescription drug overdoses than from cocaine and heroin combined.

And health and law enforcement officials said they've seen a disturbing trend of deaths from mixing three types of drugs --

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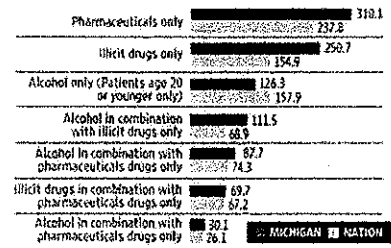
5 shot at Cooley High School reunion

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Drug abuse in combination with other drugs

Rates of emergency department visits involving drug misuse or abuse, Michigan versus the nation, 2009



SOURCE: 2009 SAMHSA Drug Abuse Warning Network (DAWN)

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ADHD drugs, narcotic painkillers and a muscle relaxant called Soma — sometimes inducing a fatal coma.

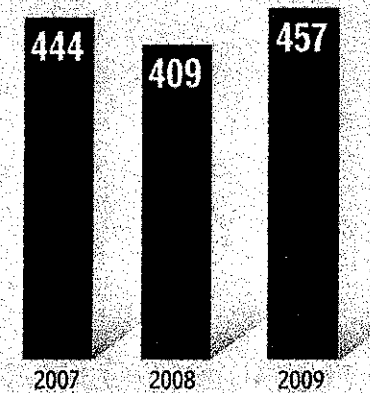
The mixture has been dubbed the Holy Trinity, and health officials in Detroit say the number of reported overdoses in Michigan each year crept up to 104 last year, from 84 in 2007. With more than 69 recorded this year, including two deaths, the number is on track to break last year's record.

In Michigan, the latest data, from 2009, show:

- 457 Michiganders died of overdoses from one or more prescription drugs, up from 409 deaths the year before.
- Michigan's rate of emergency hospital visits for prescription drug abuse and misuse significantly exceeds national rates. Here, 310 of every 100,000 people who go to an emergency department for an overdose are there for prescription drug abuse, compared with a national rate of 238.
- Fatal overdoses of prescription drugs were the second-leading cause of unintentional deaths, after auto accidents. By comparison, 871 people were killed in Michigan car crashes in 2009. Of those accidents, 14% involved drugs or alcohol.
- Abuse of prescription drugs accounts for growing admissions into substance-abuse programs, sometimes again and again.

Prescription overdose

Michigan prescription drug overdose deaths 2007-09:

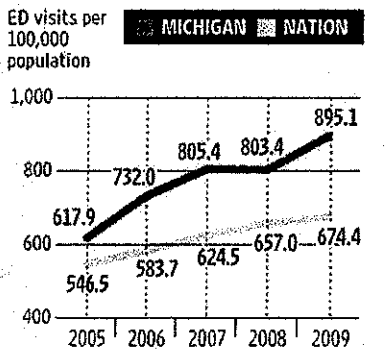


Sources: U.S. Department of Health and Human Services and Centers for Disease Control and Prevention

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Michigan versus the nation

Emergency department (ED) visits involving drug misuse or abuse — 2005-09



Sources: U.S. Department of Health and Human Services and Centers for Disease Control and Prevention

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"We have people in the double digits" for attempts at rehab, said Dr. Mark Menestrina, a substance-abuse physician at Brighton Hospital, a leading treatment center in the region and part of the St. John Providence Health System.

How people get the drugs

Health officials and others said the prescription drug abuse problem closely parallels rocketing rates of prescriptions written by doctors and dentists.

Dentists and oral surgeons may prescribe as many as 20 painkillers for each patient undergoing extensive work, when "probably four or five" might work, said Carol Boyd, a nurse and University of Michigan researcher in teen substance abuse. Prescription drug

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abuse "is so far off the radar" of many dentists and oral surgeons, she said.

U-M research has found that nonmedical use of prescription drugs among 12th-graders in Michigan is the highest it has been in 15 years, she said.

Some teens try the drugs at "bowl parties, where you put your family's pills in a bowl and help yourself; it's a form of Russian roulette among teenagers," said Susan Smolinske, a Wayne State University

pharmacist and professor of pediatrics who directs the Poison Control Center in Detroit.

Others buy drugs for study, test-taking and sleeping, a common problem among college and high school students. Even dental work brings opportunities.

The drugs most in demand

The federal Drug Abuse Warning Network, started in 2003, tracks emerging trends in drug use in America. The Poison Control Center, at Children's Hospital of Michigan, collects the information in Michigan from any hospital that voluntarily provides it.

Prescription drugs that are monitored by federal and state programs because of their high potential for abuse -- including OxyContin, Vicodin, Ritalin, Percocet, fentanyl and methadone -- are the second-leading category of drug abuse after marijuana. They also are the second-leading cause of unintentional deaths, after auto accidents, according to data from a federal registry of drug-related emergency department visits in large metro areas such as Detroit.

"Thirty thousand people a year are dying from prescription drug abuse in America; 10 years ago, it was half that," said Dr. David Kloth, a spokesman for the American Society of Interventional Pain Physicians.

Nearly one-third of all abused prescription drugs are painkillers sold generically as hydrocodone, and as OxyContin, the leading brand name, according to Michigan data.

Even so, written prescriptions for nearly all other types of controlled drugs also are up in Michigan. Some of the biggest jumps have been for methadone, used for heroin addiction; amphetamines and stimulants such as Ritalin, for hyperactivity, and pain-relievers morphine and fentanyl.

With the increase in the drugs' legal use, access to them has gotten easier through friends, doctors and dentists and, of course, on the street.

"The common thing we hear is that they started using prescription drugs" in middle and high school, said Francine Sumner, the Livingston County probation officer who started Project Opiates last year. It has an active public education campaign that taps inmates

serving drug-related sentences to talk to the public. Its next forum is 7 p.m. Aug. 17 at Pinckney High School.

More accountability sought

Michigan has a statewide system that tracks prescriptions of controlled drugs. The system monitors all controlled drug prescriptions for more than two days of use that are written outside a hospital in-patient unit or nursing home.

Doctors and pharmacies identified as frequent-prescribers are followed closely, state officials said.

But savvy patients shop for doctors and hospitals. The worst example the Michigan system found was a patient who saw 27 doctors in a month for prescription drugs, said Mike Wissel, who oversees Michigan's controlled-prescription monitoring program.

Many emergency departments and pain doctors have new systems in place to identify drug-seekers. But it can be difficult to distinguish drug-seekers from "others with serious pain conditions," said Dr. Michael Mikhail, regional director for emergency medicine for the St. Joseph Mercy Health System just outside of Ann Arbor.

"Some people are very bold; they'll say, 'I was at Garden City Hospital yesterday for my back pain,' " said Joanne McKay, administrator of emergency services for the Oakwood system. The hospitals in the system now limit most patients to a three-day supply of controlled drugs, and "we are holding our medical staff accountable" for curbing the problem through quarterly data reviews, she said.

Others are calling for more accountability from drug companies.

April Vallerand, a Wayne State nurse specializing in chronic pain issues, said other changes under way would require patients who get certain controlled drugs to undergo more-frequent tests. Pharmaceutical companies also are working on new forms of drugs that won't work when crushed and snorted, a method abusers often use to intensify or speed a drug's effect.

"We're all in limbo waiting to see what the companies come up with," she said. Pain specialists also are demanding more health care accountability. They lobbied Congress in Washington, D.C., last month for legislation requiring health care professionals to receive specialized training to prescribe controlled substances.

The problem will take years to fix, most specialists agree -- even in places such as Livingston County, which began extensive public education programs after 22 people there died of prescription drug or heroin overdoses in 2009. Livingston officials are working with several other counties to help them develop similar programs.

"This is killing people alarmingly," said Sumner, the Livingston County probation officer.

"Certainly alcohol does, too. But the number in just one county is too much. So many people have their heads in the sand and think it doesn't happen."